



LODI PARKS AND RECREATION DEPARTMENT  
125 N. Stockton St., Lodi, CA 95240  
Telephone: (209) 333-6742

## **2006/07SCHOOL YEAR** **AFTER SCHOOL PROGRAM PUNCH PASS REGISTRATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
☐ M ☐ F Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **After School Punch Pass fees:**

☐ **Annual Registration fee: \$5.00**

☐ **10 day punches pass: \$70.00**

☐ **5 day punch pass: \$45.00**

**Please list your child's school site:** \_\_\_\_\_

**AGREEMENT AND RELEASE OF LIABILITY** As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, Parks and Recreation Department, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the City's facilities, (2) participating in the City's activities, or (3) being transported to or from the facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release from legal liability and agree not to sue the City of Lodi.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury.

I hereby give the City of Lodi and the Parks and Recreation Department full permission to use publish and copyright photographic prints or other reproductions from all negatives made of me or my child, either in conjunction with or without using my name for publication, promotion, advertising or display purposes.

This waiver and release shall be valid for the duration of the sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guardian of the child whose name is listed above.

Parent/Legal Guardian (Please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***For Office Use only***

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ ☐ Cash ☐ Charge ☐ RFP

**Child's Information****Must be completed by Parent or Guardian**

**Child's Name:** \_\_\_\_\_  
 Last First Middle Name Nickname Birth date

**Home Address:** \_\_\_\_\_  
 Number Street City Zip Child's phone

**Child's Info:** \_\_\_\_\_  
 Program Site Age Sex Grade

**Father's Name:** \_\_\_\_\_  
 Last First Middle Initial Home phone

**Father's Info:** \_\_\_\_\_  
 Employer Work Phone Cell Phone Pager

**Mother's Name:** \_\_\_\_\_  
 Last First Middle Initial Home phone

**Mother's Info:** \_\_\_\_\_  
 Employer Work Phone Cell Phone Pager

**Names of people authorized to take the child from the Program site (exclude Parents/Guardians).**

**Name:** \_\_\_\_\_  
 Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
 Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
 Last First Relationship Home Phone Work Phone

**Additional people who may be called in an emergency to pick up your child.**

**Name:** \_\_\_\_\_  
 Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
 Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
 Last First Relationship Home Phone Work Phone

**Physician/Dentist to be called, in emergency.**

**Physician's Info:** \_\_\_\_\_  
 Name Medical Plan Insurance Number Office Phone

**Dentist's Info:** \_\_\_\_\_  
 Name Medical Plan Insurance Number Office Phone

**If Physician cannot be reached, what action should be taken?**

**Allergies, limitations, medications, dietary restrictions or special needs.****Procedure**

- I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.
- I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in registering my child as a participant. My signature below indicates that I am aware of and understand the policy and procedures of the After School Playground Program.

Parent/Guardian Print Name

Parent/Guardian Signature

Today's Date

Start Date